

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		09-06-01
O.I.P.E. CLASSIFIER		47	9/12/01
FORMALITY REVIEW	SA	1123	10/05/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	10/12/01
2	10/12/01
3	10/12/01
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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09-06-01  
10-05-01